Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		NVN4197HIC		B. WING	· · · · · · · · · · · · · · · · · · ·	09/3	0/2010		
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA					
NEVADA I	HOME CARE			S, NV 89434					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
H 000	Initial Comments			H 000					
	a result of a State Lic your facility on 9/30/1 survey was conducted Homes for Individual	ficiencies was generate ensure survey conduct 0. This State Licensure d by authority of NAC 4 Residential Care, adop Health on November 2	ted in e 49, ted						
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.								
		e of the survey was three ere reviewed and three eviewed.							
	The following regulate identified:	ory deficiencies were							
H 030	Safety&Sanitation-Ho	me Clean; Hazard Free	Э	H 030					
	sanitation of facility. (I	uirements for safety and NRS 449.249) terior of a home must b ards and offensive odo	e						
	Based on observation the home was not cle	ot met as evidenced by: n on 9/30/10, the exterion an and free of hazards. nooden boards, frames, I various debris in the	or of						
H 043	Records of Residents	-Address Family&Phys	ician	H 043					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		NVN4197HIC		B. WING 09/30/2010				
NAME OF PF	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
NEVADA	HOME CARE		1868 DUTCI SPARKS, N	HMAN STREE V 89434	ΞΤ			
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H 043	3 Continued From page 1			H 043				
	NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249)  The operator of a home shall:  2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include:  (b) The address and telephone number of the resident's physician and a person who is responsible for the resident.							
	This Regulation is not met as evidenced by: Based on record review on 9/30/10, 2 of 3 resident files did not contain the address and telephone number of the resident's physician (Resident #1 and #2).		t l					
H 044	NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and		ch the	H 044				

			PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		NVN4197HIC		B. WING		09/3	30/2010
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
NEVADA HOME CARE			1868 DUTO SPARKS, N	HMAN STREE IV 89434	ET		
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H 044	4 Continued From page 2			H 044			
	This Regulation is not met as evidenced by: Based on record review on 9/30/10, the facility did not obtain a copy of a general physical examination conducted by a physician on 3 of 3 residents (Resident #1, #2 and #3).						
H 050	050 Tuberculosis-Employees			H 050			
	dependent and home care: Management of cases; surveillance a counseling and preverage of the considered to have to facility or a facility for managed in accordar Centers for Disease (adopted by reference subsection 1 of NAC 2. A medical facility, a a home for individual maintain surveillance or home for tuberculor infection. The surveill conducted in accordare commendations of Control and Prevention transmission of tuber health care set forth in Centers for Disease (adopted by reference subsection 1 of NAC 3. Before initial emploin a medical facility, a a home for individual a:  (a) Physical examinar	erculosis or suspected of aberculosis in a medical the dependent must be acce with the guidelines. Control and Prevention in paragraph (h) of 441A.200. In a facility for the dependent residential care shall of employees of the facts and tuberculosis ance of employees must be the Centers for Disease on for preventing the culosis in facilities proven the guidelines of the Control and Prevention in paragraph (h) of	tial s; case l e of the as ent or cility st be e iding as oyed ent or ave				

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NEVADA HOME CARE		1868 DUTCHI SPARKS, NV		ĒΤ	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
any other communications stage; and  (b) Tuberculosis scree preceding 12 months, history of bacillus Cal vaccination.  If the employee has of of a 2-step Mantoux to preceding 12 months, 2-step Mantoux tuber single-step tuberculos administered. A single screening test must bounless the medical did designee or another lidetermines that the riappropriate for a less documents that detern exposure and correspexamination must be guidelines of the Center Prevention as adopte (h) of subsection 1 of 4. An employee with a positive tuberculosis of from screening with stadiographs unless he suggestive of tubercutosis screening to subsection 3 shall stand medical evaluations. Counseling and preoffered to a person with screening test in according test in	om active tuberculosis ble disease in a contage ble disease in a contage ening test within the including persons with mette-Guerin (BCG) only completed the first uberculin skin test with then the second step culin skin test or other sis screening test must en annual tuberculosis endministered thereaftector of the facility or ficensed physician sk of exposure is er frequency of testing mination. The risk of conding frequency of determined by following ters for Disease Control dispersion of the second history of screening test is exemply kin tests or chest endevelops symptoms losis.  Onstrates a positive great administered pursubmit to a chest radio on for active tuberculos eventive treatment must be developed in the guideling ease Control and dispersions on paragement of the programment of the guideling ease Control and dispersions on the paragement of the guideling ease Control and dispersions on the paragement of the guideling ease Control and dispersions on the paragement of the parage	and gious  n a  step in the of the be ter, nis  and g the ol and graph of a ot  resuant graph is. et be sis ines	H 050		

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NAME OF PF	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	ATE, ZIP CODE		
NEVADA	HOME CARE			8 DUTCHMAN STREET ARKS, NV 89434			
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H 050	symptoms. A person or a positive tuberculor report promptly to the if any, or to the direction of the medical facility designated an infection any pulmonary symptof tuberculosis are probe evaluated for tuber	welopment of pulmonar with a history of tubercosis screening test shall infection control special or or other person in chif the medical facility had no control specialist, whoms develop. If symptomesent, the employee shrculosis.	y ulosis I alist, arge as not nen oms	H 050			
	Based on record reviet failed to ensure 3 of 3 NAC 441A.380 regard testing and pre-emplo (Employee #1 - missing and physical examina annual TB symptoms and physical examina and physical examina the symptoms and physical examina failed to ensure the symptoms and physical examina the symptoms and physical examina the symptoms and physical examination is simple.	ot met as evidenced by: ew on 9/30/10, the facil e employees complied ding tuberculosis (TB) eyment physical examir ng a two-step TB skin to tion; Employee #2 - mi statement for 2009, 20 tion; Employee #3 - mi statement for 2009 and	ity with nation est ssing 10 ssing				
H 055	medical facilities, facil homes for individual r respiratory isolation; r counseling and preve documentation. (NRS 1. Except as otherwis before admitting a per	ession of persons to cert lities for the dependent esidential care: Testing medical treatment; ntive treatment;	ain or j; on, y for	H 055			

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/C		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	chest radiograph of the within 30 days preceds 2. Except as otherwish the staff of a facility for individual residential cextended care, skilled care shall:  (a) Before admitting a home, determine if the (1) Has had a cough for (2) Has a cough which (3) Has blood in his spoot (4) Has a fever which cold, flu or other apparation (5) Is experiencing un (7) Has been in close has active tuberculosi (b) Within 24 hours aff person with a history (BCG) vaccination, is home, ensure that the screening test, unless qualified to administer home when the patier a person qualified to a facility or home when staff of the facility or hest is performed with person arrives at the following the person has a second to the person has	acility shall ensure that the person has been taked admission to the fact of the dependent, a honorare or a medical facility of the dependent, a honorare or a medical facility of the dependent of the facility of the dependent of the facility of the person to the facility of the person:  For more than 3 weeks; the productive; the putum; the same tillness; the sweats; the sweats; the sweats; the person has a tubercul of the facility of the person has a tubercul of the test in the facility of the test in the facility of the person is admitted to the facility of the test in the facility of the person is admitted to the facility of the person is admitted. If there is admitted to the facility of the person is admitted to the facility of the person is admitted. If there is admitted to the facility of the person is admitted to the facility of the person is a person in the per	en cicility. con, ne for y for e  r  a  or who a cerin or cosis or s not e the lified n 5 is step thin that	H 055			

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H 055	page :			H 055			
	a single tuberculosis: thereafter, unless the designee or another I determines that the ri appropriate for a less documents that deter exposure and correspexamination must be guidelines as adopted (h) of subsection 1 of 3. A person with a dopositive tuberculosis: from skin testing and radiographs, but the shall ensure that the pannually for the presesymptoms of tubercul 4. If the staff of the fathat a person has had weeks and that he has ymptoms described subsection 2, the person facility or home if the respiratory isolation in guidelines of the Cen Prevention as adopte (h) of subsection 1 of health care provider determinot have active tuberd 5. If a test or evaluation has suspected or actithe facility or home of the facility or home or the facility or home of the facility or home or the	sk of exposure is er frequency of testing mination. The risk of conding frequency of determined by following the person is exemproutine annual chest staff of the facility or hoperson is evaluated at lence or absence of losis. Cility or home determined a cough for more than is one or more of the otin paragraph (a) of son may be admitted to staff keeps the person accordance with the ters for Disease Control of by reference in paragraph (a) of son may be admitted to staff keeps the person accordance with the ters for Disease Control of by reference in paragraph (a) of son in respiratory isolation in respiratory isolation in respiratory isolation in the person until a henes that the person doesnot accordance with the person doesnot be staff the person until a henes that the person doesnot accordance with the person doesnot be staff is on in respiratory isolation that the person until a henes that the person doesnot accordance with the person doesnot be staff the person until a henes that the person doesnot be staff the person doesnot be staff the person doesnot be staff the person until a henes that the person doesnot be staff the person doesnot be staff the person doesnot be staff the person until a henes that the person doesnot be staff the person doesnot be staff the person doesnot be staff the person until a hear of the person doesnot be staff the person doesnot be staff the person until a hear of the person doesnot be staff the perso	and g the raph ot me east es i 3 her othe in l and graph not on, alth es on eff of n to n				

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H 055	person must be kept in health care provider of does not have active although the person in no longer infectious. Anot certify that a person of infectious unless to obtained not less than sputum AFIB smears separate days.  6. If a test indicates the or will be admitted to tuberculosis, the staff ensure that the person in accordance with the Centers for Disease of the counseling of, and person having active recommendations are of the Centers for Dis Prevention as adopte (g) of subsection 1 of 7. The staff of the fact that counseling and poffered to each person tuberculosis screening the guidelines of the Cand Prevention as ad paragraph (h) of subs 8. The staff of the fact that any action carried and the results thereoperson 's medical recommendation active.	espiratory isolation. The in respiratory isolation is respiratory isolation is letermines that the perseculosis or certifies has active tuberculosis, is health care provider is on with active tuberculosition three consecutive negative which were collected on the facility or home has a of the facility or home has a of the facility or home is in is treated for the dise is recommendations of control and Prevention of deffective treatment for tuberculosis. The is set forth in the guideline ease Control and do by reference in paragonal NAC 441A.200. Which is the positive great in accordance with a positi	until a son that, he is shall sis is r has gative n een active shall ase the for r, a nes graph re e th ntrol 200. re ection e	H 055			

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NAME OF DE	ROVIDER OR SUPPLIER	144141071110	STREET ADD	RESS, CITY, STA	TE ZIP CODE	03	30/2010
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NEVADA	HOME CARE		SPARKS, N		:1		
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TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
H 055	Continued From page 8			H 055			
	Based on record revifailed to ensure 3 of 3 NAC 441A.380 regartesting (Resident #1	ot met as evidenced by: ew on 9/30/10, the facil 3 residents complied wirding tuberculosis (TB) - missing second step of d #3 - missing a two-ste	ity ith of TB				
H 065	H 065 Employee Background Check Requirements			H 065			
	NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home.  1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall:  (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188.  (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);  (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal						
		ntral Repository for Nev History the fingerprints	ada				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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NEVADA I	HOME CARE		SPARKS, NV		-1		
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H 065	operate, an agency to services in the home, nursing in the home, care, a facility for skill facility for groups or a residential care is not information described employee or independent provides proof that are criminal history has becentral Repository for Criminal History within 6 months and the investigated at least of the care, a facility for skill facility for groups or a residential care shall history of each emplo contractor who works investigated at least of	paragraph (c). of, or the person licenses of provide personal care an agency to provide a facility for intermediate ed nursing, a residential home for individual required to obtain the lin subsection 1 from a dent contractor who investigation of his or een conducted by the r Nevada Records of in the immediately preceed estigation did not indicate independent contractor of, or the person licenses of, or the person licenses of, or the personal care an agency to provide a facility for intermediate ed nursing, a residential home for individual ensure that the criminal yee or independent at the agency or facility once every 5 years. The	e e al e e e e e e e e e e e e e e e e e	H 065			
	administrator or person shall:  (a) If the agency, facility or home does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;  (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and		ent				
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NEVADA I	HOME CARE		1868 DUTCHI SPARKS, NV		ET		
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H 065	to this section, the Ce Records of Criminal I- whether the employed has been convicted of 449.188 and immedia Division and the admi licensed to operate, the at which the person woor independent contra- such a crime. 5. The Central Repos Criminal History may agency, a facility or a fingerprints pursuant to reasonable cost of the facility or home may roor independent contra- of the fee imposed by the agency, facility or employee or independany part of the fee imp Repository, it shall alli- independent contractor through periodic payn	rints to the Central a Records of Criminal a Records of Criminal perprints submitted pursuntral Repository for New History shall determine to or independent contrate a crime listed in NRS ately inform the Health nistrator of, or the person agency, facility or how the submits at the second and the second impose a fee upon an home that submits to this section for the envestigation. The age ecover from the employed actor not more than one of the Central Repository home requires the dent contractor to pay for to pay the amount or to pay the amount of the area of the central ow the employee or or to pay the amount	suant evada actor con come oyee ed of ds of ency, yee e-half y. If	1 065			
	Based on record revie	ew on 9/30/10, the facil employees complied v	ity				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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H 065	Continued From page 11			H 065			
	background check requirements per NRS 449.176 (Employee #1, #2 and #3 - missing FBI and State background check reports, copies of fingerprints and a signed criminal history statement).						
H 999	999 Final Comments			H 999			
	This Regulation is not met as evidenced by: NRS 449.0105 "Home for individual residential care "defined. "Home for individual residential care "means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons with mental retardation or with disabilities or who are aged or infirm, unless the persons receiving those services are related within the third degree of consanguinity or affinity to the person providing those services.  Based on interviews, record review and observations on 9/30/10, the facility had admitted three residents, which exceeded their licensing requirement.						
	Finding include:						
	Resident #1: The resident was admitted to the facility on 4/5/10. A Needs Assessment conducted on admission by the director indicated the resident needed protective supervision and assistance with bathing, walking outside, getting in and out of a vehicle. An Ultimate User Agreement authorizing the facility to possess and administer the resident's medications was signed by the resident and the facility director; however, Resident #1 did not take any medications. The record review further indicated a monthly rate for occupancy was \$1,000.00/month. The director						

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NVN4197HIC				B. WING		09/30/2010			
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NEVADA I	HOME CARE		1868 DUTCHMAN STREET SPARKS, NV 89434						
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H 999	Continued From page 12			H 999					
	admitted the resident needed supervision, transfer assistance and assistance with bathing.								
	An interview with Resident #1 was conducted. The interview revealed that the resident needed assistance in the bathroom. The resident appeared confused at times during the interview.								
	Resident #2: The resident was admitted to the facility on 10/2/09. A Needs Assessment conducted on admission by the director indicated the resident needed protective supervision and assistance with bathing, walking outside, getting in and out of a vehicle. An Ultimate User Agreement authorizing the facility to possess and administer the resident's medications was signed by the resident and the facility director; however, Resident #2 did not take any medications. The record review further indicated a monthly rate for occupancy of \$1,000.00/month. The director admitted the resident needed supervision, transfer assistance and assistance with bathing.								
	The interview reveale assistance in the bath	sident #2 was conducted that the resident need to a conduct the resident of times during the interview.	ded						
	facility on 12/11/05.	sident was admitted to t A Needs Assessment ion by the director indic							
	the resident needed passistance with bathin	protective supervision and medications. An nent authorizing the fac	ınd ı						
	to possess and admir medications was sign facility director on 12/	nister the resident's led by the resident and 11/05. A medication	the						
administration record (MAR) indicated caregivers administered medications daily. The record									

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
NVN4197HIC				B. WING		09/30/2010			
NAME OF PR	OVIDER OR SUPPLIER	-	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 33.	00.2010		
NEVADA I	HOME CARE		1868 DUTCHMAN STREET SPARKS, NV 89434						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ACTION SHOULD BE COME TO THE APPROPRIATE			
H 999	Continued From page 13			H 999					
	review further indicated a monthly rate for occupancy of \$1,800/month. The director admitted the resident needed supervision, bathing, dressing, toileting, oral care, transfer, ambulation, and medications.								
	An interview with Resident #3 was conducted. The interview revealed that the resident needed assistance with bathing, dressing, toileting, oral care, transfer, ambulation, and medications. The resident was alert and oriented as to person, place and time.								
	and interviews with er was determined that I required assistance was Resident #3 needed a medications. It was do of the facility had adm facility licensed for two	etermined that the direct nitted three residents to o, was over census sin was operating a Reside	s, it #3 all ing. ctor a ce						